

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELIZA		04-04-d
O.I.P.E. CLASSIFIER		21	4/2/01
FORMALITY REVIEW	md	579	6/13/01
RESPONSE FORMALITY REVIEW	lit	907	8-17-01

INDEX OF CLAIMS

- ✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
÷ ..... Restricted

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- Non-eligible  
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Best Available Copy

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If more than 150 claims or 10 actions  
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852  
8/17/01